U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Raymond R Moore	Name Operating Engineers Local 101			
	Labor Organization File Number 022–411			
P.O. Box, Bldg., Room No., if any Suite 280	P.O. Box, Building and Room Number, if any Suite 280			
Street 6601 Winchester Ave	Street 6601 Winchester Ave			
City Kansas City	City Kansas City			
State Missouri ZIP Code + 4 64133	State Missouri ZIP Code + 4 64133			
5. Position in labor organization. President				
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or comonetary value from an employer whose employees your organization	lerived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	71.0			
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect)	and documents) has been examined by the signatory and is to the best of the			
Signed Raymond & Moore	On aug 11 05 816-737-8600			
	Date Telephone Number			
Form LM-30 (2003)				

Name of Person Filing Raymond Moore	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IUOE Local 101 Pension Fund  Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 250 Street 6601 Winchester Ave	b. Trust c. Employer	
City Kansas City State Missouri ZIP Code + 4 64133	- -	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	As a Plan Trustee, attended an educational seminar on real estate investments in San Jose, CA. and attended and educational conference put on by the IFEBP in New Orleans, LA.	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$18,422,886	
City State ZIP Code + 4	12.a. Nature of interest held or income received.  Reimbursed costs to attend the seminar and conference.	
	12.b. Amount. \$2,454	
C. Received from any employer (other than an employer covered unde		
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.  14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or other thing of value.	

Name of Person Filing Raymond Moore	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organiz	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Sierra Investment Partners, Inc  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 300  Street 101 Ygnacio Valley Road  City Walnut Creek  State California ZIP Code + 4 94596-4061	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name IUOE Local 101 Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 250	11.a. Nature of such dealing.  The business is an investment manager for the Trust
Street 6601 Winchester Ave  City Kansas City  State Missouri ZIP Code + 4 64133	11.b. Approximate dollar value of such dealing. \$556,417  12.a. Nature of interest held or income received.  Gift of a wine opener & etched wine bottle, golf balls and a divot repair tool.
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$113
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Raymond Moore	F	le Number <b>U-</b>
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Hoisington Investment Management Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 1250 S Capital of TX Hwy, Bldg 3  City Austin  State Texas ZIP Code + 4 78746	a. Labor Organization  b. Trust  c. Employer	<u>-</u>
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IUOE Local 101 Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 250	The business is an i	ovestment manager for the Trust
Street 6601 Winchester Ave	11.b. Approximate dollar value o	f such dealing. \$125,201
City Kansas City	12.a. Nature of interest held or Gift of binoculars.	income received.
State Missouri ZIP Code + 4 64133		
State Missouri ZIP Code + 4 64133	12.b. Amount.	\$75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any labor relations consultant to an employer any payment of money or from any employer and the from any employer any employer and the from any employer and the from any employer any employer and the from any employer and the f	12.b. Amount.	\$75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.	\$75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.  r parts A and B above) or other thing of value.	\$75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the second	12.b. Amount.  r parts A and B above) or other thing of value.	\$75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.b. Amount.  r parts A and B above) or other thing of value.	\$75